

Lycoming Animal Protection Society, Inc.

195 Phillips Park Drive

South Williamsport PA 17702

LapsShelter.org

(570) 327-8707

**\$10 Hold Deposit**

accepted by \_\_\_\_\_

Cash  Check

Date \_\_\_\_\_

## CAT/KITTEN ADOPTION APPLICATION

Your Name \_\_\_\_\_ Cat's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_\_) \_\_\_\_\_

1) Do you: own a home \_\_\_\_\_ **OR** rent \_\_\_\_\_. If you rent, does your lease allow pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

2) Do you have any children? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, what are their ages? \_\_\_\_\_

3) Please list your current employer \_\_\_\_\_

4) Do you have any pets now? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, are they spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list type(s) of animal(s), how many and whether they live in the house or out \_\_\_\_\_

5) Have you had any pets in the past? Yes \_\_\_\_\_ No \_\_\_\_\_. What type(s) of pets? \_\_\_\_\_

\_\_\_\_\_ If yes, were they spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

6) Why do you want to adopt a cat/kitten? Breeding \_\_\_\_\_ Catching mice \_\_\_\_\_ Companionship \_\_\_\_\_

Other (explain) \_\_\_\_\_

7) Where do you plan to keep the cat/kitten? In the house \_\_\_\_\_ In the basement \_\_\_\_\_ Outside \_\_\_\_\_

In the barn \_\_\_\_\_ Other (explain) \_\_\_\_\_

8) If you adopt a kitten, would you take it to be spayed or neutered when it is of age? Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: females are ready to be spayed at 6 months of age; males are ready to be neutered between 6-8 months of age.)

9) What would you do with the cat if you had to move? \_\_\_\_\_

(TURN OVER)

- 10) If a situation arose which no longer allowed you to keep the cat (ex: allergy, divorce), what would you do with it? \_\_\_\_\_
- 11) Does anyone in your household have allergies to cats? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12) What veterinarian do you plan to use? \_\_\_\_\_
- 13) How often do you think a cat should be examined by a vet? \_\_\_\_\_
- 14) Are you familiar with the vaccinations a cat needs to have? Yes \_\_\_\_\_ No \_\_\_\_\_  
What are they? \_\_\_\_\_
- 15) Are you familiar with the rabies law in PA? Yes \_\_\_\_\_ No \_\_\_\_\_  
What does this law require pet owners to do? \_\_\_\_\_
- 16) What would you do with this cat if it were to become sick within the next two weeks? \_\_\_\_\_  
\_\_\_\_\_
- 17) How much money would you estimate a cat's vaccinations and other medical expenses would cost on the average per year? \_\_\_\_\_
- 18) Do you feel you are financially capable of providing complete health care to the cat you are interested in adopting? Yes \_\_\_\_\_ No \_\_\_\_\_
- 19) Are you willing to spend the money for that veterinary care? Yes \_\_\_\_\_ No \_\_\_\_\_
- 20) Where did you hear about this animal shelter? \_\_\_\_\_
- 21) Why did you choose this particular cat/kitten? \_\_\_\_\_

*I certify that the answers I have given on this adoption application are correct and true to the best of my knowledge.*

*I am fully aware that this cat/kitten is a living creature whose shelter, nutritional and medical care are dependent on me for its lifetime.*

*If adopting a kitten, I understand that it is my responsibility to have this animal spayed or neutered at 6 months of age.*

*I agree to comply to the LAPS policy of keeping this cat/kitten indoors at all times unless supervised and on a leash.*

*I also agree to return this cat/kitten to the Lycoming Animal Protection Society if I am no longer able to provide for its proper care or meet the requirements established by this animal shelter.*

***A \$10 hold deposit is required for all cats/kittens and is non-refundable. This will be applied to the adoption fee.***

Signature \_\_\_\_\_ Date \_\_\_\_\_